



# STAR VISA SERVICES LIMITED

[www.starvisaservices.co.uk](http://www.starvisaservices.co.uk)

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VAT Registration  
No.GB 882 2999 68

## PAYMENT AUTHORIZATION FORM

Please complete all fields, sign and include this form with your application.

Card Type:  Visa Debit  Visa Credit  Master  American Express  Maestro

Card Holder's Name: \_\_\_\_\_  
(As it appears on card)

Card Number: \_\_\_\_\_

Valid form: \_\_\_\_\_ (MM/YY) Expiration Date: \_\_\_\_\_ (MM/YY)

Issue Number: \_\_\_\_\_ (If Applicable)

Security Code: \_\_\_\_\_ (Last three digits at the back of the card on the signature strip)

Billing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Amount to Debit: \_\_\_\_\_

I hereby authorize Star Visa Services Limited to debit my account for payment.

By sign below, I acknowledge charges described hereon. Payment in full is to be made when billed in accordance with the standard policy of the card issuer. I am also aware that all fees are non-refundable.

**I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS ABOVE.**

Card Holder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ (DD/MM/YY)